

Comment:

Nothing interesting.

See reply in 1988.6 magazine. (next page)

ALTERNATIVE MEDICINE:

CLIVE NOBLE, MBCHB FCS (SA) Editor in Chief.

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ecently Zola Budd sustained a running injury which threatened her career. She received treatment from a variety of Sports Physicians including laser and injection therapy from a German clinic, but all to no avail.

She finally returned to South Africa where she consulted more doctors, but still with no improvement. Finally, on advice of

to make a support from the "Yellow Pages" which is held together with tape and inserted into her running shoe. Almost immediately she was rendered pain-free and was able to recommence her running career. Was this a miracle; was it just a fluke, or was it a scientifically accurate assessment of her muscle imbalance corrected by a (usually) 2-3mm thickness of "Yellow Pages" placed in her shoe? I have seen many of his successes, but also many of his failures so I think it is extremely difficult to answer the question.

I strongly doubt his scientific credibility. Many of his cases (if not all) are told they have a leg length discrepancy. A number of these cases have had scientifically accurate radiological leg length measurements that revealed equal leg lengths.

Other cases have had supports put in

their shoes which would surely aggravate the biomechanical problem, but have nevertheless

been successful. Has his success been due to the fact that most of these cases would have got better by themselves, as on recent investigation into injuries incurred in the training for a British Marathon would suppose? Has it been a placebo effect?

The answers to these questions may equally apply to all forms of alternate medicine or even sometimes to "scientific" medicine itself.

As regards running injuries it can safely be said that most of these will get better themselves. Most of the time this will be within a few days of the onset of injury, but may take weeks or even months. Usually there is a reduction of activity as a protection of the part due to pain which allows healing to take place. In my own practice many cases who had to wait for an appointment for a few weeks, phone to say that the problem got better while they were waiting for the appointment. Whoever happens to be treating the patient at the time he is recovering spontaneously, will claim the cure no matter how unscientific the treatment has been.

Reflexology, homeopathy, naturopathy, chiropractic and a host of other modes of alternate medicine all claim outstanding results in sports injuries. Acupuncture has long been used in treating sportsmen including Provincial rugby players. Only with a careful clinical trial will we ever be able to evaluate alternate medicine as a form of treatment.

Dr "Ponky" Firer has donated a prize of R500 for the best original article published in this Journal each year. We thank him for his generosity.

EDITORIAL BOARD MEETING

A meeting of the Sponsors, Ciba-Geigy, the Publishers, Commedica, and members of the Editorial Board of this Journal was recently held in Johannesburg. At this meeting it was decided to have a Physiotherapy column as well as a nutrition column which should be of great interest to our Readers. Another innovation will be a philosophy column a la George Sheehan which should also be most enjoyable.

It was decided that both scientific articles as well as practical, easily understood articles will also be used. This is in keeping with the previous format. If you, the Reader, have any suggestions we will welcome them. Our aim is to increase knowledge in Sports Medicine.



1. Peterson L, Renstrom P. Sports Injuries. Their prevention and treatment, 1st ed. South Africa: Justa and Co Ltd, 1986.
2. Oldridge NB: Compliance with exercise programs. In: Pollock ML, Schmidt DH, eds. Heart Disease and Rehabilitation (ed 2). New York, John Wiley & Sons, 1986: 629-646.

"The more practical articles, review articles, papers presented at congress etc, do not need to comply with such strict guidelines"

PRACTICAL ARTICLES

The more practical articles, review articles, papers presented at congress etc, do not need to comply with such strict guidelines —

Length

Length of these contributions should not however exceed 5-6 pages typed in double spacing. All contributions are to be submitted in duplicate.

Illustrations & Tables

B/W head & shoulders photo of the author(s) should accompany article. Slides & prints, graphs, tables etc on either colour or B/W which would complement the article are welcomed. Tables should carry Roman numerals and illustrations Arabic numerals thus 1,2,3 etc.

References

As for scientific articles

Dear Editor

I would like to reply to Clive Noble's editorial comment on alternative medicine in the 1987 Vol. 2 No. 4 issue in which he discussed the Zola Budd saga. I would like to answer some points raised by Clive Noble, with respect to the heel lift assessment described in the article.

Firstly, what was not made clear was that the practitioner treating Zola Budd was a chiropractor, and he used a technique called Applied Kinesiology, which is the use of manual muscle testing to evaluate body function through the dynamics of the musculoskeletal system. Applied Kinesiology is the fastest growing health system in the world today, and it is extremely accurate in assessing structural balance. When assessing whether a heel lift is required or not, the procedure is far from a hit and miss method. Secondly it must be understood that when there is a short leg on one side of the body, all the postural weight bearing muscles on that side will test weak. This is extremely easy to demonstrate. Once all potential problem areas are adjusted and corrected, for example, pelvis, spine, knees and feet, certain muscles will be tested on the side of the body where the short leg is suspected with the patient lying on his back. When all muscles test strong, the same muscles will be re-tested with the patient standing up. If the muscles become weak, there is indication that the balancing support of a lift is needed. The patient can be tested with lifts of varying heights under the suspected deficient sides, with the indicator muscles being re-tested for strengthening. When the optimum amount of lift for the patient is found, all the indicator muscles will instantly strengthen. Furthermore, it should be noted that two types of leg length imbalance may be present. One is an anatomical and the second is a physiological.

An anatomical short leg refers to a leg

that is actually anatomically short, whereas a physiological short leg is short due to a structural problem such as a pelvic rotation. The physiological short leg will respond to the normal chiropractic correction and there will be no necessity for a heel lift, except in very, very extreme cases where there is a severe pelvic problem. In these cases the application of a heel lift is normally only a temporary measure to allow the patient to recover from the acute phase of back pain. The usual muscle testing procedures would have been used to evaluate whether or not the lift was necessary. This would also answer Clive Noble's statement where he claims that a number of the cases treated by Ronald Holder have had scientifically accurate radiological leg length measurements that revealed equal leg lengths.

The case that responds better to the application of a heel lift is the anatomical short leg, which I can only assume must have been Zola Budd's problem. However, it must be noted that not necessarily are all anatomical short legs treated with heel lifts as very often the body is able to adapt and compensate for this deficit. Again in this case a leg length difference showing up on X-rays will not have the associated weakness of muscle testing. Indeed an application of a heel lift in this case would be detrimental.

It must also be pointed out that the use of heel lifts is not common in chiropractic and Applied Kinesiology. Probably 95% of all patients respond to the chiropractic adjustments and muscle balancing procedures and do not need a heel lift.

One further point is that we in the chiropractic profession feel most strongly that if rule 92 was done away with and the Medical and Chiropractic practitioners were allowed to work together, the patient would be the winner.

Yours sincerely

Dr Frans Kromhout.

What do the readers think?

SPORTS MEDICINE SPORTGENEESKUNDE

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Please Note: If you have not returned either of the reply paid cards inserted in the two previous editions of the Sports Medicine Journal, your name will unfortunately be removed from the mailing list.
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Thursday, 18 June 2020

Full Circle with Zola Budd



Ron Holder, Reading and Revitalisation

It looked like it was all over. Despite building on her best run of results and personal best times the year before, 1986 looked like the end of Zola Budd's running career. Despite a second consecutive World Championship Cross Country title, there was little joy. The public pressure and attention since first arriving in the United Kingdom some three years prior was stressful, if downright traumatic at times. It seemed like wherever Zola went, controversy followed. An eighteen year old South African running prodigy competing for Great Britain being used as a political and sporting pawn would be a raw but accurate description. Then there was her family life, her parents filing for divorce just weeks before her maiden Olympic Games. The infamous tangle Mary Decker in the partisan Los Angeles Coliseum fall didn't help matters either, nor did an increasingly tense and dysfunctional working relationship with her coach.

'It was a stressful time,' Zola laments. 'I had thought about quitting many times. Just to run away and disappear. But then there wasn't anything for me to go back to in South Africa. I was young and, because of the regulations at the time (athletics was an amateur sport), I wasn't financially independent. I was an unhappy person, that is for sure. In fact, I think I was actually depressed. Which of course wasn't really a recognised condition back then. You just had bad days and got on with it.'

Pressure and stress. Stress and emotion.

At face value, one could be forgiven for drawing conclusions. The weight on Zola's shoulders had become simply too much to bear in late 1986. She had simply had enough of it all and yearned to get away from it all. A fresh start back in South Africa was a pipe dream and one that deep down she wanted come true. Time to give in to the naysayers and throw in the towel. Despite her innate ability and world class pedigree, the stakes were too high; it just wasn't worth it. In the end the decision was made for her; after attending a South African race as a spectator, the IAAF deem this as the equivalent as competing, an unforgivable sin back in the days of international sanctions. Zola was banned from international competition and "huis toe" it was. But apart from the ban and premature exit from international athletics lay another important factor, one that was with her day and night. There was excruciating physical pain, more specifically, an increasingly debilitating ache in her right hip.

'It had started back in 1984,' remembers Zola. 'At first, the injury was more of a niggle, something that curtailed some of my speedwork sessions but was pretty much manageable. But as the racing seasons went by, it just got worse and worse. And by the time I started preparing for the 1987 track season, it was so bad that I couldn't run at all.'

And so it was. That was it as far as competitive running was concerned. Zola headed back to South Africa, gradually settling back into normal life in her hometown of Bloemfontein. There were other priorities now. Like enrolling in university and reconnecting with family and friends. That is until the urging of a fellow athlete.

'I couldn't run,' says Zola. 'And to be honest, I didn't want to run either. Not even for recreation. I definitely felt that that chapter of my life was over and it was time to move on. I had always wanted to study and was focussed on that. And it was just so great to be home. But then Fanie van Zyl (former South Africa mile record holder) persuaded me to see someone called Ron Holder. I was skeptical at first; I had been to specialist after specialist and they all said it was a muscular strain. But Fanie is a good friend and somebody that I really trust. He told me that this guy called Ron had helped him and that he would be able get me running again. So I made the trip to Johannesburg to see for myself.'

Mention the name Ron Holder to many South African elite athletes of the 1980s and 1990s and their eyes light up. Many a favourable account and anecdote involving the late Dr. Holder abound. Yet there isn't much documented information about this legendary and enigmatic character. Not that there was much information about him back then either. You see, Ron Holder was one of those rare birds who practiced for the sheer love of the activity, a free spirit in every sense of the term. And while his reputation preceded him, making contact and scheduling an appointment was very much by word of mouth.

'Ron viewed his patients as human beings,' explains Zola. 'What I mean by this is that he addressed and evaluated each patient as a whole, not just structurally, but also chemically and emotionally. He had started off by working with ballet dancers, who themselves are extremely in touch with their bodies. So he had an innate understanding of proprioception. In my case, I thought my injury was purely muscular. Yet Ron first identified a leg length discrepancy, and then diagnosed a stress fracture. He also delved into the other aspects of my life, and we had long conversations about everything that had happened up until that point.'

A qualified chiropractor, the late Dr. Holder had extended his scope into the then fledgling and highly specialised modality of posture therapy. Using a unique combination of applied kinesiology, innovative shoe wedges constructed out of Yellow Pages and duct tape, and an always sympathetic ear, he rehabilitated his patients by truly embracing and applying the triangle of health. Consultations took the form of friendly and insightful conversations and, in Zola's case, he encouraged her to expand her perspective beyond the sport of middle-distance athletics.

'I had up until that point quantified most of my self worth by my athletic achievements,' says Zola. 'My whole identity was wrapped up in being an athlete. Ron was one of the first people to not only recognise how empty the lives of top sports people were, but to actually address it. He was instrumental in helping me see myself beyond my sporting identity. He encouraged me to cultivate other interests, introduced me to classical music and started recommended books. Needless to say that I became quite a voracious reader. In fact, Ron's first question would always be about what I was reading.'

It was during this time that Zola started running again. Starting off with daily half-hour jogs, the simple act running was now much more than just preparing for the next race. Running took on a whole new meaning, helping her focus on her studies and keeping her grounded. Revitalized thanks to Dr. Holder's care, she fell back in love with sport. And while her competitive edge may have blunted slightly, making a comeback to international athletics started to become prominent in her mind.

'Look, I think I had lost some of my fierceness after leaving the UK,' Zola admits. 'Running was more of a therapy now. But gradually I got back into group training in Bloemfontein and then started thinking about competing again.'

By 1991 things were on the upward trajectory again. An excellent season that year saw Zola ranked second-fastest female over 3,000m. The doors were starting to open up for South Africa as well and the Barcelona Olympics of the following year were now a reality. The prospect of representing her country of birth excited Zola, inspiring her to chase qualification and finally put the demons of 1984 – 1986 to bed.

'I desperately wanted to go to Barcelona in South African colours,' says Zola. 'It was important to me to have a proper Olympic experience. I was more settled in life, was married by then and my injuries were under control. But even though I did manage to qualify and make the trip, I wasn't at peak fitness thanks to a bout of tick bite fever earlier that year.'

'The years immediately after Barcelona were great times for me,' she continues. 'In fact, I still rate my fourth-place at the 1993 World Cross Country Championships as my best race ever. Some good campaigns on the US road racing circuit followed, including my fastest half-marathon time. Although by the time my twins arrived, I was ready to step away from international competition and focus on being a mom.'

Fast forward a couple of decades and a lot of water has passed under the bridge. Many South Africans will be familiar with Zola's subsequent relocation to the US, as they would be of her Comrades and Two Oceans exploits of 2012 and 2014. A lesser known fact, though, is that she has come full circle in a sense. While Zola is due to take up a coaching role with the local high school in the new year, she had up until the end of 2019 been putting her energy into coaching at Coastal Carolina University. Starting off as an assistant coach (later graduating to head coach), Zola has been revelling in the process of helping NCAA Division 1 college athletes achieve their respective goals. And, unsurprisingly, developing her own authentic and experience-based coaching style.

'I've been fortunate to have been exposed to great coaching in my years as an athlete,' Zola explains. 'The South African style of coaching is very different to that of many US colleges – it is more long term focussed and process orientated. And that has influenced me, that is for sure. NCAA coaches only have a limited amount of time to get the most out of athletes that the college has invested in. Plus they have to protect their jobs, which are obviously very results-dependent. So it is all very cut throat.'

'My philosophy is more about long term development,' she continues. 'And a program based largely on intuition and developing a feel for running. Running should be fun and unstructured fartlek work is central to my philosophy. My measure for success is simply this: will my athletes continue to run post-college? As far as those athletes talented enough to enter the professional ranks are concerned, I prefer to view their time in the NCAA as a springboard to an international career. Like the younger version of myself, many athletes view themselves only as good as their last race. I never want to be that negative voice. Athletes really need somebody to be objective.'

***Header Image courtesy of Zola Budd-Pieterse.**